

## Louisiana State Public Health Laboratory Chain of Custody for Chemical Terrorism Samples

Chain-of-custody forms are not transported with specimens. Each entity or organization handling the specimens is responsible for the specimens only during the time that it has control of the specimens. When specimens are transferred between organizations, each will use and retain their own COC forms.

Each entity or organization receiving the specimens must sign-off on the chain-of-custody of the entity or organization relinquishing the specimens to close that chain.

When receiving specimens, each new entity or organization must begin its own chain-of-custody. The entity or organization relinquishing the specimens must sign the chain-of-custody of the receiving organization to close the chain and indicate that they have transferred the specimens.

The LSPHL will retain copies of all chain-of-custody documents and reports generated from submitted specimens for a period of three years.

### **Definitions:**

Custody of a sample is defined as: A sample is in someone's "custody" if:

1. It is in one's actual physical possession; or
2. It is in one's view after being in one's physical possession, or
3. It was in one's possession and then that person locked or sealed it in a locked room, box, refrigerator, freezer, incubator or other secure area.

Submitter (relinquisher): person sending the specimens.

Receiver: person receiving the specimens.

Information included on the chain of custody form will include:

1. Date and time of specimen receipt
2. Name, address and phone number of submitting (relinquisher) individual
3. Name, address and phone number of submitting organization as applicable
4. Description of sample(s) or specimen(s) to include an identifier, number, quantity, condition and type/description as applicable.
5. Signature of submitter
6. Signature of sample recipient (receiver).
7. Space for time, date and signature of recipient to document subsequent change of custody.

**LOUISIANA OFFICE OF PUBLIC HEALTH  
CHEMICAL TERRORISM RESPONSE LABORATORY**

**CHAIN OF CUSTODY**

**CASE ID\*:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **Page 1 of** \_\_\_\_\_

|                           | <b>Submitter</b>  | <b>Receiver</b>  |
|---------------------------|---|--|
|                           | <input type="checkbox"/> <b>RECEIVED/COLLECTED<br/>FROM</b> | <input type="checkbox"/> <b>RELEASED TO</b><br><input type="checkbox"/> <b>RETURNED TO</b> |
| <b>Name (print)</b>       |   |  |
| <b>Organization</b>       |   |  |
| <b>Street<br/>Address</b> |   |  |
| <b>City, State:</b>       |   |  |
| <b>Phone:</b>             |   |  |

**DESCRIPTION OF PROPERTY** (identifier, number, quantity, and type/description):

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|   |
|---|
| <b>Received from:</b><br>(sign/date/time) |
| <b>Received by:</b><br>(sign/date/time)   |

**\*CASE ID. Refers to the number assigned by the State Police, the CDC or the OPH Laboratory**

